

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-575)

SERIAL NO. 09/1000971
APPLICANT(S)
FILING DATE 12/30/97

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				
2	/				
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TOTAL IND.	1				
TOTAL DEP.	8	↓	↓	↓	
TOTAL CLAIMS	9				

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TOTAL IND.		↓	
TOTAL DEP.		↓	↓
TOTAL CLAIMS			↓